

UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

State File No. **35829**

FILED DEC 2 1948  
Registration District No. **77**

Primary Registration District No. **5757**

Registrar's No. **335**

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Aux Vasse, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: aux vasse  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)  
In this community 45 years

3. (a) PRINT FULL NAME Samuel Gleaves Wood  
3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex m. / 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Leta Wood  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Aug. 23 1879  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Wyerthe Co. Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Patrol Minister

11. Industry or business

12. Name Robert P. Wood  
13. Birthplace Wyerthe Co. Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Crockett  
15. Birthplace Wyerthe Co. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Liza Hunt  
(b) Address Wellmending Mo.  
17. (a) Burial (b) Date thereof Nov. 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Aux Vasse

18. (a) Signature of funeral director Highes Maupin  
(b) Address Aux Vasse, Mo.  
19. (a) Nov. 20 1948 (b) Jos. B. Moschok  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Aux Vasse, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1948 hour 6 minute AM

21. I hereby certify that I attended the deceased from only 13-48 to Nov 18 48  
that I last saw him alive on Nov 18 48  
and that death occurred on the date and hour stated above.

Immediate cause of death acute indigestion  
Due to hypertension, renal crisis heart failure  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 113  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury  
Signature B. B. Moschok (M. D. or other)  
Address Aux Vasse Mo Date signed 11-19-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 23 1949

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Hughes Manpin  
Licensed Embalmer No. 2358  
P. O. Address Aux Vasse Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**